

Otter Community Youth

2014 Winter Basketball Clinic

Sponsored by Otter Community Youth & OV

Join the Otter Valley Varsity Basketball Coaches Steven Keith & Greg Hughes along with other OV coaches and various players.

Camp Philosophy: Players will work on their fundamentals while having fun but also learn respect, sportsmanship, responsibility, and the value of hard-work. Coaches will treat each camper as if they were their own player.



Where: Otter Valley Union High School Gym

Who: Boys and Girls 1st – 6th Grade

Free, Free, Free...

When: Saturday, 12/27 & Sunday, 12/28

1st – 3rd grade co-ed Noon – 1:15 pm

4th -6th grade co-ed 1:30 – 3:30 pm

DEADLINE TO REGISTER IS FRIDAY, 12/27/14

The Brandon & Pittsford Recreation Departments have teamed up to give our future Otter Valley classmates the opportunity to develop their basketball skills in an instructive and developmentally appropriate forum together!

Questions contact Bill Moore, Brandon Recreation Director, 465-1235, bmoore@sover.net or Randy Adams, Pittsford Recreation Director, 483-6500 ext. 17 Recreation@pittsfordvermont.com.

COMPLETE THIS REGISTRATION FORM AND RETURN TO THE BRANDON OR PITTSFORD REC. DEPARTMENTS

Player Name _____ Grade _____ Age _____ Shirt Size _____

NAME of PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ DAY/WORK: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALLERGIES OR CONDITIONS _____ EMAIL _____

Release: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Towns of Brandon & Pittsford, The Otter Valley High School, its employees, and agents from any liability or personal injury, or the loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Brandon & Pittsford Recreation departments I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. I hereby consent to the use of my or my child's photo or video by the department for flyers or presentation. The department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

Signature of Parent/Legal Guardian Date